

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lankford	Elizabeth		703-885-0214
MAILING ADDRESS (Street)			FAX 703-812-5282
901 N. Glebe Road, Suite 1000			EMAIL <a href="mailto:elankford@hdmanet.org">elankford@hdmanet.org</a>
(City)	(State)	(Zip Code)	
Arlington	VA	22203	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

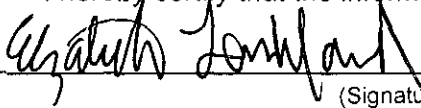
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Healthcare Distribution Management Association	703-787-0000	
MAILING ADDRESS (Street)	FAX 703-812-5282	
901 N. Glebe Road, Suite 1000	EMAIL <a href="mailto:egallenagh@hdmanet.org">egallenagh@hdmanet.org</a>	
(City)	(State)	(Zip Code)
Arlington	VA	22203
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Elizabeth Gallenagh	703-787-0000	
MAILING ADDRESS (Street)	FAX 703-812-5282	
901 N. Glebe Road, Suite 1000	EMAIL <a href="mailto:egallenagh@hdmanet.org">egallenagh@hdmanet.org</a>	
(City)	(State)	(Zip Code)
Arlington	VA	22203

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/30/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Elizabeth Gallenagh	Vice President, Government Affairs

NAME OF ORGANIZATION (if applicable)  
Healthcare Distribution Management Association

TELEPHONE  
703-787-0000

MAILING ADDRESS (Street)  
901 N. Glebe Road, Suite 1000

FAX 703-812-5282

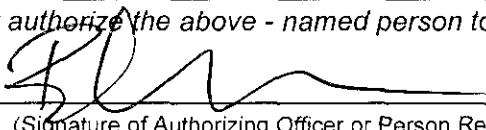
EMAIL  
egallenagh@hdmanet.org

(City)  
Arlington

(State)  
VA

(Zip Code)  
22203

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/30/13

(Date)